

STATE OF NEW HAMPSHIRE

2017 Statement of Income and Expenses for LOBBYISTS (RSA Chapter 15)

PLEASE PRINT

I. Name of Lobbyist	(s) Del	ora Vanderbeek, Robe	ert Clegg, Periklis Karoutas, L	eann Moccia
II. Name of lobbyist	's partnership, f	irm or corporation, if a	any:	
Legis	slative Solutions	, L.L.C.		
		firm or corporation)		
P.	O. Box 10724	Bedford	NH	03110
	treet)	(Town/City)	(State)	(Zip Code)
() 603-986-914	15	()	_{e-mail} dbeek@a	iol.com
(Telephone)	15	(Fax		
reportable expense t	ransactions whic	ch are not attributable	•	
	nsactions occurring	ig in the months prior to	the reporting date relative to the	he following client:
		hire Camp Directors		
<u>OR</u>	(Full Name of C	lient as it appears on the L	obbyist Registration Form)	
	•	bbyist (including the lo	bbyist's family), or the lobbyin	g firm listed below which are
IV. Date of Report Reports cover: acti	April 26, 2017 wity from date of re	gistration to 3/31/17	July 26, 2017 activity from 4/1/17 to 6/30/1	
	October 25, 2 activity from 7/1/		January 31, 2018 A activity from 10/1/17 to 12/3	1/17
			e transactions made since the Secretary of State's Office, .	
VI. Check if addition	nal reports are a	ttached:		
💢 🏻 If you have recei	ved fees or made	expenditures, you must	file Addendum A- Fees and E	Expenses
☐ If you have paid . Expense Reimbursem	an honorarium or	reimbursed expenses, y	ou must file Addendum B - Re	eport of Honorariums or
_ If you, your firm,	, or your family h	as made political contril	butions, you must file Addende	um C – Political Contributions
Sworn Statement/At I have read RSA 15, I and complete to the b	RSA 15-B, RSA :	4-C and RSA 664 and I	hereby swear or affirm that the	foregoing information is true
	2//		January 15, 2018	(40)
(Signature of lobbyis		-	(Da	RECEIVE
Debra Vanderbeek				I/LOTIAL!
(Print Name of lobby	(150)			JAN 1 7 2018

NEW HAMPSHIPE DEPARTMENT OF STATE

PLEASE PRINT

STATE OF NEW HAMPSHIRE

Lobbyists Fees and Expenses Addendum A



(RSA Chapter 15:6)

I. Name of Lobbyist(s) Debra Vanderbeek, Robert Clegg, Periklis Karout	as, Leann Moccia
II. Name of lobbyist's partnership, firm or corporation, if any:	
Legislative Solutions, L.L.C.	
(Name of partnership, firm or corporation)	
III. Name of Client NH Camp Directors Association	Date January 15, 2018
IV. Fees Received Indicate the gross amount of all fees received from the client identified above to lobbying, including fees for services such as public advocacy, government including research, monitoring legislation, and related legal work. The greated by any expenses:	relations, or public relations service
a) Total of all fees received in this reporting period	a) \$ 0
b) Total of all fees received this calendar year, prior to this reporting period (This should equal the total of all prior monthly reports for this calendar year).	b) \$ 4,500.00 ear)
c) Total of all fees received to date (Add lines a and b)	c) \$ 4,500.00
 Indicate the amount of any such fees that are due, but have not yet been paid 	d) \$ <u>0</u>
V. Expenses: Lobbyist(s)/Lobbying partnerships, firms, or corporations are required to repfees. Separate reports are to be filed for expenditures made relative to each the lobbyist(s)/firm that are unrelated to any one client a separate report Expenses are to be reported in one of three categories of expenses: (a) the during the reporting period for salaries, benefits, support staff, and office exindividual expenses where the expenditure was of \$25.00 or less (for examp lunch where the cost was \$25.00 or less, purchase of a pen with a value of lebeing lobbied, purchase of a ceremonial object given to a person being lobbie (c) an itemized statement of each individual expenditure made during this report any purpose not covered by (a) (for example: purchase of a meal with value ceremonial object to be given to the subject of lobbying with a value greate restaurant expenses for a legislative reception). Expenses for honorariums contributions will be reported on separate addendums and should not be reported.	client and if expenditures are made by may be filed for the lobbyist(s)/firm e aggregate total of all expenses paid expenses; (b) the aggregate total of all le: meals purchased during a busines ses than \$10 that is given to the person ed with a value of \$25.00 or less); and orting period of greater than \$25.00 for ue of greater than \$25, purchase of er than \$25, but not greater than \$50, expense reimbursement, or political
a) Total aggregate expenses for this reporting period for salaries, benefits, support staff, and office expenses, related directly or indirectly to lobbying.	a) \$ <u>0</u>
b) Total aggregate of expenditures during this reporting period, not reported in a), of \$25 or less.	b) \$ <u>0</u>
c) Total of all itemized expenditures reported in detail in section VI.	c) \$ <u>0</u>

d) Total expenses for this reporting period (Add lines a, b and c)	d) \$ <u>0</u>
e) Total of expenses paid this calendar year, prior to this reporting period (This should be the amount on line f of addendum A for last month's report)	e) \$ <u>4,500.00</u>
f) Total of all expenses year to date	f) \$ _4,500.00
VI. Other Expenses: Provide the following detail for all expenditures of more than \$25 made from period, including by whom paid or to whom charged.	lobbying fees during this report
Paid to:	Amount:
	\$
	\$
	\$
	\$
	\$
	\$
Sworn Statement/Affirmation by Lobbyist I have read RSA 15, RSA 15-B and RSA 664 and hereby swear or affinist true and complete to the best of my knowledge and belief	rm that the foregoing informa
I have read RSA 15, RSA 15-B and RSA 664 and hereby swear or affinistrue and complete to the best of my knowledge and belief.	January 15, 2018
I have read RSA 15, RSA 15-B and RSA 66/4 and hereby swear or affin	

, ·

State of New Hampshire Signature Form for Associated Lobbyist RSA Chapter 15

Use this form to swear or affirm the truth and completeness of Income and Expense Statements and related Addendums.

Sworn	Staten	nent/Aff	ïrmation	by :	Lobbyist
Statem	ent of	Income	and Expe	ense	s for:

Name of Lobbying partnersh	ip, firm, or corpora	tion: Legislative Solutions	5
	if Statement is for t	the partnership, firm, or c	orporation and not related to any
Date of Report (check one):			
April 26, 2017 □ July	y 26, 2017 🗆	October 25, 2017 □	January 31, 2018
			Expenses described above, and mber of Addendum forms being
Addendum A(s).			
Addendum B(s).			
Addendum C(s).			
I hereby swear or affirm that complete to the best of my know the state of the best of the best of the best of the best of the know the state of the best of		f.	and each Addendum is true and y 15, 2018 (Date)
Robert Clegg		<u>.</u>	
(Print Name of lobbyist)			

State of New Hampshire Signature Form for Associated Lobbyist RSA Chapter 15

Use this form to swear or affirm the truth and completeness of Income and Expense Statements and related Addendums.

Sworn Statement/Affirmation by Lobbyist Statement of Income and Expenses for:

Name of Lobbying partnership, firm, or corporation: Legislative Solutions Name of Client (leave blank if Statement is for the partnership, firm, or corporation and not related to any			
particular client):			
Date of Report (check one):			
April 26, 2017 □ July 26, 2017 □	October 25, 2017 January 31, 2018		
	Statement of Income and Expenses described above, and Statement (insert the number of Addendum forms being		
Addendum A(s).			
Addendum B(s).			
Addendum C(s).			
complete to the best of my knowledge and belie	January 15, 2018		
(Signature of lobbyist)	(Date)		
Periklis Karoutas (Print Name of lobbyist)			

State of New Hampshire Signature Form for Associated Lobbyist RSA Chapter 15

Use this form to swear or affirm the truth and completeness of Income and Expense Statements and related Addendums.

Leann Moccia

(Print Name of lobbyist)

Sworn Statement/Affirmation by Lobbyist Statement of Income and Expenses for:				
Name of Lobbying partnership, firm, or corporation	n: Legislative Solutions			
Name of Client (leave blank if Statement is for the partnership, firm, or corporation and not related to any particular client):				
Date of Report (check one):				
April 26, 2017 □ July 26, 2017 □ Oc	tober 25, 2017 January 31, 2018			
	atement of Income and Expenses described above, and atement (insert the number of Addendum forms being			
Addendum A(s).				
Addendum B(s).				
Addendum C(s).				
I hereby swear or affirm that the foregoing information complete to the best of my knowledge and belief.	ation on the Statement and each Addendum is true and			
(Signature of lobbyist)	January 15, 2018 (Date)			